PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

07/09/2010

FILING DATE

02/02/2000

27776

APPLICATION NO.

09/496,389

COMMODITIES

WARD & OLIVO SUITE 300

7590

382 SPRINGFIELD AVENUE SUMMIT, NJ 07901

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

> Certificate of Mailing or Transmission I hereby certify that this Feeds | Transmission |
> I hereby certify that this Feeds | Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

> > Raylene McDowell

ATTORNEY DOCKET NO.

341-001

/Raylene McDowell/ 10/11/2010

(Denositor's name)

CONFIRMATION NO.

6138

(Signat

Dete

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as organized below or directed otherwise in Block I, by a specifying a new correspondence address and indicated unless of indicated unless organized below or indicated unless organized below or indicated unless organized below in Block I, by a specifying a new correspondence address, and/or of indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FIRST NAMED INVENTOR

Boris V. Marchegiani

TITLE OF INVENTION: METHOD AND SYSTEM FOR AUTOMATED AUCTION AND TENDER OF COMPLEX MULTI-VARIABLE

			PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE		\$0	\$755	10/12/2010
nonprovisional	YES	\$755	\$0	30	3/55	10.12.2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
COLBERT, ELLA		3694	705-037000			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2.			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			registered attorney of agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME	AND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or ty	pe)	danifical below the dor	ument has been filed f
PLEASE NOTE: U recordation as set fo	nless an assignee is iden rth in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NC	data will appear on the p T a substitute for filing an	atent. If an assignee is is assignment.	dentified below, the doc	unient has occurring i
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
CMVT, LLC			Portsmouth, New Hampshire			
Please check the approp	priate assignee category o		rinted on the patent) :			
4a. The following fee(s) are submitted: Si issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			4b. Psyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Psyment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Depoid Account Number 2_3-10_420 (enclose an extra copy of this form).			
[V]	tatus (from status indicate ms SMALL ENTITY sta	bus See 27 CEP I 27	☐ b. Applicant is no los	nger claiming SMALL EN	ITITY status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee a	and Publication Fee (if re-	quired) will not be accept ates Patent and Trademan	ed from anyone other than k Office.	the applicant; a registered	attorney or agent; or the	assignee or other party
Authorized Signatur	Authorized Signature /Octavio T. DaCosta/ Date				11, 2010	
Tuned or printed no	me Octavic	T. DaCosta		Registration No.	_62,110	
This collection of informan application. Confide submitting the complethis form and/or sugge Box 1450, Alexandria, Alexandria, Virginia 2.	rmation is required by 37 entiality is governed by 3 ted application form to the stions for reducing this b Virginia 22313-1450. D 2313-1450.	CFR I.311. The informat 5 U.S.C. I22 and 37 CFI ie USPTO. Time will vas urden, should be sent to to O NOT SEND FEES OR	ion is required to obtain or R 1.14. This collection is ery depending upon the indi- the Chief Information Offic COMPLETED FORMS 1	retain a benefit by the pul stimated to take 12 minute vidual case. Any commen cer, U.S. Patent and Trade TO THIS ADDRESS. SEN	blic which is to file (and is to complete, including its on the amount of tir mark Office, U.S. Depa ID TO: Commissioner for	by the USPTO to proce g gathering, preparing, a se you require to compl rtment of Commerce, P or Patents, P.O. Box 14
Under the Paperwork I	Reduction Act of 1995, no	persons are required to r	espond to a collection of it	nformation unless it displa	ys a valid OMB control	numoer.
NTOL 85 (Pay 09/07	Approved for use through	zb 08/31/2010	OMB 0651-0033	U.S. Patent and Trademan	k Office; U.S. DEPART	MENT OF COMMERC